

Mental Health Drug Workgroup CHALLENGING QUESTIONS And RESPONSE

Question 1: Patient has tried a non-PDL medication in the past and responded to it well.

Answer: If you mean non-preferred when you say non-PDL, then I would think that it would be automatically authorized via the “refill” programming if the patient had been on it in the previous 180 days.

Question 2: Patient has positive family history of response to a non-PDL medication.

Answer: The patient would have to try & fail or exhibit some intolerance to at least two of the generic preferred drugs prior to receiving the non-preferred medication.

Question 3: Wants to continue wellbutrin, but for documented compliance reasons would benefit from once daily dosing of XL preparation.

Answer: This would qualify for tried & failed bupropion; but needs to try and fail a second preferred generic at max dose or duration unless tolerant.

Question 4: Patient has history of response to a brand-name PDL medication, but failed to respond to the generic preparation, wants to return to brand name medication.

Answer: MAA would ask for chart notes that show that the generic failed at maximum dose and duration.

Questions 5: Items 1 and 2 are more important than with other medications because of the high placebo response rate with ADs. Even without physiologic explanations, patients who 'believe' their medications will work are more likely to have a positive benefit.

Answer: Understood.

* Has tried and failed all five meds on the PDL.

Response: Meets PA criteria for tried and failed (I’m assuming at max dose and duration) at least two preferred drugs so therefore gets 12 month authorization for requested drug.

* **Has tried and failed some of the meds on the PDL list and there are relative contraindications to trying the others. For example, the person is on warfarin and it is difficult to manage and the psychiatrist wishes to avoid prescribing Prozac. Or the person is morbidly obese, has high cholesterol and heart disease and one would like to avoid mirtazapine.**

Response: Meets PA criteria for tried and failed at least two preferred drugs AND has medical justification to avoid two of the preferred drugs (it's not necessary to try all)

* **Has tried and failed some of the meds on the PDL list and the remaining ones are not indicated for the person's diagnosis. For example, the person has tried the SSRIs for an anxiety disorder and the remainders on the list are not indicated for that particular diagnosis.**

Response: Meets PA criteria for tried and failed at least two preferred drugs AND has medical justification to avoid others.

* **Has responded beautifully to Celexa but has an intolerable side effect so one wants to move to Lexapro (I got Group Health to approve a specific case of this a few weeks ago)**

Response: The patient would have to have an intolerable side effect or tried and failed history to another generic for MAA to authorize Lexapro. Does your patient have a history of failing another generic previous to the intolerance to Celexa?